



Dr. Jeanne L. Noble Delta GEMS Institute Participant Application Packet 2023-2024

Greetings:

This letter is to invite you to participate in the Dr. Jeanne L. Noble Delta GEMS Institute. The Delta GEMS Institute is designed for females between the ages of fourteen through eighteen and/or grades 9-12 who meet eligibility requirements. We are looking for young ladies who are in pursuit of a higher education and are interested in developing their leadership skills.

Enclosed you will find in the application packet the following:

- ❖ Program Description / Eligibility Requirements
- ❖ Participant Application
- ❖ Parent Consent Form
- ❖ Recommendation Form

Applications must be received no later than 11:59 pm on Friday, September 22nd. Any application received after this date will be placed on a waiting list. Be sure to complete all of the forms enclosed in this packet. Failure to submit all parts of the application with signatures where needed, and the essay, will exclude you from consideration.

Please return application packet to: deltagems@klcalumnaedst.org

Acceptance letters will go out no later than Wednesday, September 27th.

If you have questions please feel free to contact one of the following persons:

Kendra Wilson at (843) 372-1753, Chair, Lori Flegler (843) 325-3589, Co-Chair or Beverly Campbell, (843) 382-7629 Chapter President

Thank you in advance for your cooperation.

Sincerely,

Delta GEMS Institute Committee



Dr. Jeanne L. Noble Delta GEMS Institute

Program Description

The Dr. Jeanne L. Noble Delta GEMS Institute is a national program sponsored by Delta Sigma Theta Sorority, Inc., a public service sorority, to enhance the futures of young African American girls in this new millennium. It is designed for girls between the ages of 14-18 who demonstrate the potential to succeed, but may need additional support systems to help them reach their goals.

The program catches the dreams of this population by providing the framework to actualize those dreams through the performance of specific tasks that develop a *CAN DO* attitude. The goals for Delta GEMS are:

- ✓ To instill the need to excel academically
- ✓ To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;
- ✓ To assist girls in proper goal setting and planning for their futures in high school and beyond; and
- ✓ To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

The Delta GEMS program offers a road map for college and career planning and conducts activities that provide opportunities for self-reflection and individual growth.

Participant Eligibility Requirements

In order to participate in the Dr. Jeanne L. Noble Delta GEMS Institute, specific criteria and guidelines must be met by the applicant as described below:

- ✓ All participants must be African American girls.
- ✓ Girls must be no younger than 14 years old and no older than 18 years old as of their most recent birthday, and/or in high school.
- ✓ In the initial phase, each girl must complete **all** forms requested in the application packet including the Parental Consent Form signed by both parent/guardian and applicant.
- ✓ Packets must be received by **11:59 pm on Friday, September 22, 2023** to be considered for participation.
- ✓ After initial phase, girls **must attend a mandatory information session with their parent/guardian for full acceptance**. Failure to do so will result in your name being placed on a waiting list. **The meeting is scheduled for Monday, October 2nd at 6:30 pm. Location to be determined.**

Kingstree-Lake City Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



**Dr. Jeanne L. Noble Delta GEMS Institute
Participant Application**

Name _____ / /
First MI Last Date of Birth

Mailing Address _____

Physical Address _____

Home Phone _____ (Cell) _____ E-mail _____

Preferred method of contact () Home phone () Cell phone

Parent/Guardian Name _____ Relationship _____

Address _____ Telephone _____

In the event of an emergency please contact:

Name _____ Relationship _____

Home Number _____ Cell Number _____

School Name _____

Expected date of graduation _____ Present Grade _____

How did you hear about the program? _____

Please list extracurricular activities (school, community, church, civic or social organizations, public service projects). _____

Skills and interests _____

Are you currently a participant in the Upward Bound Program? ____ Y ____ N

Please submit a 250 to 300 word essay (typed in black ink, double spaced) describing your interest in the Dr. Jeanne L. Noble Delta GEMS Institute. Failure to submit this essay as a part of the application will exclude you from consideration.

Thank you for applying! You will be notified by email regarding the final phase of the application process.

P
A
R
E
N
T
A
L

C
O
N
S
E
N
T

F
O
R
M



Dr. Jeanne L. Noble Delta GEMS Institute

I, _____, give consent for _____
(Printed name of Parent/Guardian) *(Printed name of Student)*

to participate in all activities organized by, or through Kingstree-Lake City Alumnae Chapter (KLAC), Delta Sigma Theta Sorority, Inc. 2023-2024 **Delta GEMS Institute**. I grant permission to make photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation.

I also give permission for the leader, or her designee, to seek medical attention for my child/ward in the event of an emergency. I understand that I will be notified by the quickest means possible if this authority is exercised.

My child ___ does, ___ does not have a medical condition that should be considered before participating in certain activities. If applicable, please complete medical form upon full acceptance.

Emergency Contact Information:

I authorize _____ to be contacted in case of an emergency if I cannot be reached. His/Her home phone number is _____ and mobile/work phone number is _____ / _____.

I also understand that in order for KLAC **Delta GEMS** to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity. Therefore, I understand that it will be my responsibility to pick my child up immediately if she needs to be sent home for disciplinary reasons. It is also my responsibility to transport my child to required meetings/activities.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2023-2024 **Delta GEMS** Program.

Signature: _____ Date: _____
(Parent/Guardian)

_____ *Home Phone* _____ *Cell Phone* _____ *Alternate (Work) Phone*



**Dr. Jeanne L. Noble Delta GEMS Institute
Recommendation Form**

Instructions to the Applicant:

Fill out Part I of the form and have your school counselor, or a teacher fill out Part II. Return the Recommendation Form along with your completed application.

Part I (to be completed by the applicant/student)

Student Name: _____

School Name: _____

Current Grade: _____ School Counselor: _____

Part II (to be completed by the teacher or school counselor recommending the student)

Directions: Please review the information describing the purpose and goals of the program and write a brief statement regarding why you feel the applicant is a good candidate for participation.

Teacher/Counselor Name: _____
School Mailing Address: _____
School Phone: _____
E-mail: _____

Signature: _____